

Tegucigalpa, M.D.C.
April 22nd, 2014

Dear Prospective Offeror /Quoted:

(Laptop computers)

The American Embassy Honduras – INL has a requirement for laptop computers to be delivered to Embassy Warehouse. You are invited to submit a quotation. The Request for Quotations (RFQ) consists of the following sections:

1. Request For Quotation (RFQ 1 and 2) Standard Form SF-18 (attached)
2. Evaluation method. (Lowest price)
5. Late quotations won't be accepted.

The Embassy plans to award a credit card order, **if company accepts credit cards as method of payment. Please make sure to reflect any additional cost for credit card payments in your offer.** You are encouraged to make your quotation competitive. You are also cautioned against any collusion with other potential offerors with regard to price quotations to be submitted. The RFQ does not commit the American Embassy –INL to make any award. The Embassy may cancel this RFQ or any part of it.

Please read the RFQ carefully, and if you are interested, fill out items 11 (e,f), 12, 13,14,15,16 and submit your quotation. **Return the completed SF-18 to the address shown in item 9 of the SF-18 (American Embassy, Avenida La Paz) by May 7, 2014 at 16:00 hrs, with attention to: Wendolyn Flores and by E-mail at floresws@state.gov, Oral quotations will not be accepted.**

In addition to SF-18 Form please send a regular quote including all required information to evaluate your proposal (delivery time, etc.).

Please let me know if you have any questions.

Best regards,

Wendolyn Flores
Administrative Assistant/Purchase card holder
U.S. EMBASSY HONDURAS -INL
Phone: (504) 2336-9320 ext.4471

REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)		THIS RFQ <input type="checkbox"/> IS <input type="checkbox"/> IS NOT A SMALL BUSINESS SET-ASIDE		PAGE 1 OF 2 PAGES
1. REQUEST NO. NAS-2014-001	2. DATE ISSUED 04/22/2014	3. REQUISITION/PURCHASE REQUEST NO.	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1	RATING
5a. ISSUED BY U.S. Embassy Honduras - INL			6. DELIVER BY (Date) 05/07/2014	
5b. FOR INFORMATION CALL (NO COLLECT CALLS)			7. DELIVERY	
NAME Wendolyn S Flores		TELEPHONE NUMBER AREA CODE 504 NUMBER 22369320		<input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)
8. TO:			9. DESTINATION	
a. NAME		b. COMPANY		a. NAME OF CONSIGNEE U.S. Embassy Tegucigalpa/NAS
c. STREET ADDRESS			b. STREET ADDRESS Avenida la Paz	
d. CITY			c. CITY Tegucigalpa	
e. STATE		f. ZIP CODE		d. STATE HN
e. ZIP CODE				
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 05/07/2014		IMPORTANT: This is a request for information and quotations furnished are not offers. If you are unable to quote, please so indicate on this form and return it to the address in Block 5a. This request does not commit the Government to pay any costs incurred in the preparation of the submission of this quotation or to contract for supplies or service. Supplies are of domestic origin unless otherwise indicated by quote. Any representations and/or certifications attached to this Request for Quotation must be completed by the quote.		

11. SCHEDULE (Include applicable Federal, State and local taxes)						
ITEM NO. (a)	SUPPLIES/ SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	
1	Laptop computer Monitor: 14 to 17 Inch LCD flat panel monitor. Processor: i5 RAM: Min 4GB RAM, DDR3. HARD DRIVE: 600 gb 7200 RPM hard drive Operating System: Genuine Microsoft Windows 8 Professional (64-bit) or most recent-Spanish language Genuine Microsoft Office Professional 2010 or most recent version-Spanish Network card: Gigabit, 802.11b/g/n wireless CD ROM: Min. 16x DVD+/-RW Drive Antivirus security software installed Warranty: 1 year valid in Honduras	20	ea			
12. DISCOUNT FOR PROMPT PAYMENT		a. 10 CALENDAR DAYS (%)	b. 20 CALENDAR DAYS (%)	c. 30 CALENDAR DAYS (%)	d. CALENDAR DAYS	
					NUMBER	PERCENTAGE

NOTE: Additional provisions and representations <input type="checkbox"/> are <input type="checkbox"/> are not attached.					
13. NAME AND ADDRESS OF QUOTER			14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION		15. DATE OF QUOTATION
a. NAME OF QUOTER					
b. STREET ADDRESS			16. SIGNER		
c. COUNTY			a. NAME (Type or print)		b. TELEPHONE
					AREA CODE
d. CITY	e. STATE	f. ZIP CODE	c. TITLE (Type or print)		NUMBER